

GONORRHEA AND CHLAMYDIA SCREENING

Because a majority of women with gonorrhea (GC) and Chlamydia trachomatis (Ct) infections have no symptoms or signs, screening is essential for detecting infection. Early diagnosis and prompt management are intended to prevent complications including pelvic inflammatory disease (PID), tubal infertility, ectopic pregnancy, and chronic pelvic pain.

KEY POINTS

- Routinely screen all sexually active females 25 years of age and younger annually for Ct.
- Routinely screen all sexually active females 25 years of age and younger annually for gonorrhea, unless the prevalence of GC in your client population is known to be less than one percent.
- Targeted GC and Ct screening of females over 25 years of age and males of any age is restricted to those with risk factors. Diagnostic testing should be based upon the clinical indication(s) listed below.
- A test of cure is not necessary if recommended antibiotic regimens are used. Retest GC and Ct positive clients three months after treatment to detect re-infection.
- Recommended GC and Ct tests are nucleic acid amplification tests (NAATs).

QUESTIONS AND ANSWERS

When is “targeted” screening based on risk factors for GC and Ct indicated?

According to guidelines of the California Sexually Transmitted Disease (STD) Control Branch, the criteria for targeted GC and Ct screening are:

- A history of GC, Ct, or PID in the past two years
- More than one sex partner in the past 12 months
- Having a sexual partner(s) who may have had other partners during the past year
- African-American women up to age 30 have been identified as a group that is at higher risk of GC infections

When should diagnostic testing for GC and Ct be performed?

- Women with clinical exam findings such as mucopurulent cervicitis, cervical friability, and acute or chronic pelvic pain that could be due to PID
- Men with clinical findings including dysuria, urethral discharge, or epididymal, or testicular pain
- Women and men with a newly diagnosed sexually transmitted infection (STI) including GC, Ct, syphilis, primary genital herpes, human immunodeficiency virus (HIV), or trichomoniasis
- Women and men who report contact with partner known to have a recently diagnosed STI, including GC, Ct, nongonococcal urethritis, epididymitis, trichomoniasis, syphilis, primary genital herpes, or HIV

Are oropharyngeal or anorectal GC or Ct tests recommended for persons engaging in oral or anal sex?

Routine testing of the oropharynx or anus in asymptomatic heterosexuals is not recommended in state or federal guidelines.

Which laboratory tests are recommended for Ct screening and diagnostic purposes?

NAATs can be performed on urine, cervical, vaginal, or urethral specimens. Unless a pelvic exam is being done for other reasons, a urine sample or vaginal swab should be collected. Tests for both pathogens (if indicated) can be performed on a single sample. DNA tests for GC+Ct (PACE -2) and GC culture are available in Family PACT but are less sensitive.

What treatments are recommended for GC and Ct?

Regimens recommended in the 2004 California STD Treatment Guidelines and included in the Family PACT Formulary are:

- Ct: azithromycin 1 gram orally in a single dose or doxycycline 100 mg orally twice daily for seven days.
- GC: ceftriaxone 125 mg IM is the preferred treatment. Cefpodoxime 400 mg orally in a single dose is less effective, but is an alternative if ceftriaxone is not available. If there is a history of an IgE-mediated allergy (bronchospasm, anaphylaxis) to penicillin or cephalosporins, azithromycin 2 grams orally is an option, but concerns about emerging resistance exist.
- Clients who have NAAT tests that are GC positive, Ct negative should be treated only for GC. If a non-NAAT test is GC positive and Ct negative, or a Ct test result is not available, treat presumptively for both GC and Ct.
- All sex partners within 60 days prior to diagnosis should be evaluated, tested, and presumptively treated.

Does Family PACT pay for patient-delivered partner therapy?

In an effort to reduce repeat infections, California legislation authorizes clinicians to provide treatment to the partners of Ct positive clients without evaluating the partners in person. While drugs for partner treatment are not a Family PACT benefit, eligible partners who enroll in Family PACT can receive presumptive treatment for GC and Ct at no cost.

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Application of Family PACT STANDARDS

1. Informed Consent

- Clients shall be advised of the availability of STI prevention and management services including education and counseling, testing and treatment.
- An individual 12 years of age and older can consent for STI screening and treatment.
- The consent process for STI services shall be provided in a language understood by the client and supplemented with written materials.

2. Confidentiality

- California law mandates reporting of GC and Ct to the local health jurisdiction for prevention, control, and contact management. Client information shall be reported on the Confidential Morbidity Report within seven days of identification.

3. Access to Care:

- STI services shall be provided without cost to all Family PACT clients.
- Laboratory testing and drugs for STI treatment shall be available at the site of clinical services or by referral to Medi-Cal laboratories and pharmacies.
- Referral resources for medical and psychosocial services beyond the scope of Family PACT, including domestic violence and substance abuse, shall be made available to clients. Services not listed in the Family PACT *Policy, Procedures, and Billing Instructions* (PPBI) are not reimbursable by the program.

4. Availability of Covered Services

- Family PACT providers must offer timely, basic STI prevention and management onsite.
- Screening, testing, and treatment for STIs as listed in the PPBI shall be made available to clients as a condition of delivering services under Family PACT.

5. Scope of Clinical and Preventive Services:

- STI prevention and management services consistent with the current California STD Control Branch guidelines and Centers for Disease Control and Prevention (CDC) *STD Treatment Guidelines* and recognized medical practice standards shall be provided as an integral part of basic family planning reproductive health services.
- Clinicians delivering services are expected to have professional knowledge and skills about medical practice standards pertaining to STI prevention and management services.
- Physical exam and testing are indicated for symptomatic clients but are not required prior to testing in the absence of symptoms.
- All sex partners in the last 60 days of GC and Ct positive clients should be tested and empirically treated.
- Test of cure upon completion of treatment for GC or Ct with a recommended antibiotic regimen is not indicated. All clients treated for GC and Ct should be re-tested three months after treatment to diagnose re-infection.
- Risk assessments, symptoms, clinical findings, and justification for services shall be recorded in the medical record.

6. Education and Counseling Services

- Clients shall receive education on protecting their reproductive health and plans for future pregnancy.
- Client-centered prevention and STI and HIV risk-reduction counseling and education shall be provided.
- Individual education and counseling shall be provided for all clients diagnosed with STIs as set forth in the PPBI.

RESOURCES FOR INFORMATION ON GONORRHEA AND CHLAMYDIA

- California Guidelines for Gonorrhea Screening and Diagnostic Testing Among Women in Family Planning and Primary Care Settings, 2005. Access at: www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm.
- California STD Treatment Guidelines Web site: www.dhs.ca.gov/ps/dcdc/STD/stdindex.htm.
- California Chlamydia Action Coalition Web site: www.ucsf.edu/castd offers a broad range of information, resources and educational opportunities pertaining to Ct.
- Centers for Disease Control and Prevention Web site: www.cdc.gov/std to download the current CDC STD Treatment Guidelines.
- CA STD/HIV Prevention Training Center offers a broad range of STD/HIV clinical, behavioral, and partner services trainings. Web site: www.stdhivtraining.org.

PROGRAM POLICY

This alert provides an interpretation of the Family PACT Standards for integration of Ct screening into current practice: minimum service delivery requirements for Ct screening. Providers should refer to the Family PACT PPBI for the complete text of the Family PACT Standards, official administrative practices, and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term "shall" indicates a program requirement; the term "should" is advisory and not required.